P. ORECEIVED CENTRAL FAX CENTER

APR 1 5 2004

8TH FLOOR 1100 NORTH GLEBE ROAD ARLINGTON, VIRGINIA 22201-4714

Filed: February 14, 2002

For: THERAPY FOR CEREBRAL VASOSPASM

TELEPHONE: (703) 816-4000 FACSIMILE: (703) 816-4100 WRITER'S DIRECT DIAL NUMBER: (703) 816-4011

## FACSIMILE COVER SHEET PLEASE DELIVER IMMEDIATELY!!!!

Atty Dkt.:	_1579-637			
		Date:	April 15, 2004	
"To:	Examiner Jiang, S Group: 1617			
Firm:	USPTO			
Facsimile No.:	(703) 872-9306			
From;	Mary J. Wilson			
Number of Pa (IF YOU DO NOT RECEIVE PLEASE CONTACT US IM	E ALL OF THE F	g cover sheet): PAGES OR ENCOUNTER (703-816-4000).	DIFFICULTIES IN TRANSMISSION,	
			Tabitha A. Trice	
			ACSIMILE OPERATOR	
I hereby certify that this papand Trademark Office on Al	er and any note	OF FACSIMILE TRANS d attachments are being f	MISSION acsimile transmitted to the Patent	
ATTACHMENT/S: OF	FICIAL AMI	ENDMENT		
MESSAGE:				
In re PATENT APPLI	CATION OF:			
NIKLASON et al Serial No : 10/074 25	in			

CONFIDENTIALITY NOTE

The documents accompanying this facsimile transmission contain information belonging to Nixon & Vanderhye, which is confidential and/or legally privileged. This information is only intended for the use of the individual or entity named above. IF YOU ARE NOT THE NAMED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION OR TAKING OF THIS INFORMATION FOR ANY USE WHATSOEVER IS STRICTLY PROHIBITED. If you have received this facsimile in error, please immediately contact us by telephone to arrange for return of the original documents to us.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty Dkt. 1579-637

C#

NIKLASON et al

TC/A.U.

1617

S rial No. 10/074,250

Examiner: Jiang, S.

Filed:

February 14, 2002

Date: April 15, 2004

Title:

THERAPY FOR CEREBRAL VASOSPASM

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other

Correspondence Address Indication Form Attached.			
Fees are attached as calculated below:  T tal ffective claims after amendment 0 minus highest number previously paid for 20 (at least 20) = 0 x \$ 18.00	\$	0.00	
Independent claims after amendment 0 minus highest number previously paid for 3 (at least 3) = 0 x \$ 86.00		0.00	
If proper multiple dependent claims now added for first time, add \$290.00 (ignore improper)	\$	0.00	
Petition is berefy made to extend the extend the content time, and \$290.00 (ignore improper)			
Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 months)	\$	110.00	
Terminal disclaimer enclosed, add \$ 110.00			
Subtotal	\$	110.00	
If "small entity," then enter half (1/2) of subtotal and subtract  Applicant claims "small entity" status.   Statement filed herewith			
Rule 56 Information Disclosure Statement Filing Fee (\$180.00)	s	0.00	
Assignment Recording Fee (\$40.00)			
	\$	0.00	
Other:		0.00	
TOTAL FEE TO BE DEBITED	\$	55.00	

The Commissioner is hereby authorized to charge any <u>deficiency,</u> or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

1100 North Glebe Road, 8th Floor Arlington, Virginia 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 MJW:tat

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

Signature: